



**Health Plan Application Assistance  
Report to the Legislature  
March 2002**

**Managed Risk Medical Insurance Board**

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**Data Sources:**

Electronic Data Systems (EDS)

- Single Point of Entry applications received and screening results,  
Graph #1& 2
- Healthy Families Program subscriber enrollment file,  
Graph #3 & 4

Richard Heath and Associates

- Health plan representative training data



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March 26, 2002

Governor Gray Davis, Members of the California Legislature and Fellow Californians:

On behalf of the Managed Risk Medical Insurance Board and staff, I am pleased to present the Health Plan Application Assistance Report. The report is pursuant to the statutory language (AB 2877) adopted to allow Healthy Families and Medi-Cal participating health plans to assist families in completing the joint Healthy Families and Medi-Cal for Families application.

Health plans interested in providing application assistance submit a proposed plan for providing application assistance to the Managed Risk Medical Insurance Board for approval. Interested plans are required to send their staff or designated representatives to an 8 hour certified application assistance training paid for by the plan. The Managed Risk Medical Insurance Board is responsible for monitoring plans to ensure that plans are providing competent and unbiased application assistance.

Key findings in the Health Plan Application Assistance Report to the Legislature include:

- Over half of the plans participating in the Healthy Families Program are approved to provide application assistance
- Health Plans have assisted families with over 6,000 Healthy Families/Medi-Cal for Families applications
- Inland Empire Health Plan has assisted the most families in successful enrollment in the Healthy Families Program
- No reports of misconduct by health plans providing application assistance have been received at the Managed Risk Medical Insurance Board

We present this report to increase understanding of the Health Plan Application Assistance process, operations and achievements.

Sincerely,

Sandra Shewry  
Executive Director

## **I. Background**

In Fiscal Year (FY) 2000- 2001 statutory language was adopted allowing Healthy Families Program and Medi-Cal participating health plans who meet certain criteria to assist families in filing out the joint Healthy Families and Medi-Cal for Families (HFP/MCF) application. In the summer of 2001, the statute was amended to include dental and vision plans. Plans interested in providing application assistance submit a proposed plan for providing application assistance to the Managed Risk Medical Insurance Board (MRMIB) for approval.

Concerns were raised at the time about health plans providing application assistance. The concerns revolved primarily around the possibility that plans may steer families into their own plan instead of providing all available health plan choices. As a result, the statute required MRMIB to develop guidelines and an oversight plan to ensure families are provided with competent and unbiased application assistance.

Pursuant to the statute, health plan participation in the application assistance effort remains in effect only until January 1, 2003. The legislation requires MRMIB to report on plan activities in March 2002. This report was prepared in response to the legislative mandate.

## **II. Health Plan Requirements**

A plan's employee or authorized representative who provides application assistance is required to complete a Certified Application Assistance Training course approved by the State. The cost of the 8 hour training must be paid by the health plan.

A plan's assistance is limited to the following circumstances:

- ❖ Applicants who telephone, write or contact the plan in person at the plan's place of business; at a community public awareness event that is open to all participating plans in the county; or at any other site approved by MRMIB.
- ❖ Applicants who have an existing relationship with the participating health plan (i.e., are currently enrolled) through Healthy Families Program, Medi-Cal Managed Care, COBRA continuation coverage or employer sponsored coverage.
- ❖ Applicants completing the HFP Annual Eligibility Review (AER) packet in order to retain health care coverage for subscribers enrolled in the participating health plan.

The proposed plan for application assistance may be submitted as an addendum to the plan's annual marketing plan for the HFP. MCF plans that do not have a marketing plan on file with MRMIB may also submit a proposed plan for providing

application assistance. The proposed plan for providing HFP/MCF application assistance must include the following components:

- ❖ Scripts for each allowable circumstance in which plan employees or representatives may provide HFP/MCF application assistance.
- ❖ All materials to be used during the plan's application assistance sessions.
- ❖ List of all plan's places of business and a contact person where application assistance services will be offered.
- ❖ List of all plan employees or representatives who have been certified and trained and who are providing application assistance on behalf on the plan.
- ❖ Photocopy of all photo ID badges for employees or representatives. The badges include the plan's name and number and the representative's name and certified application assistant number.
- ❖ Organizational chart for the plan.

In addition, the plan is required to maintain a file consisting of the following:

- ❖ Logging system to track all requests for application assistance. This includes all telephone, written, in-person, and community awareness events requests.
- ❖ Application Assistance Request Form. This form is signed by the applicant and the plan's representative confirming the relationship between the representative and the plan and that complete information was provided including plan choices, toll-free HFP phone number, and the most recent version of the HFP handbook. A copy of the Application Assistance Request Form is included in Appendix A.
- ❖ Plan/Certified Staff Code of Conduct Agreement. Signed by the plan's representative and management staff, the document outlines the code of conduct for providing application assistance. The agreement includes a provision to terminate a plan's representative for violation of the code of conduct. A copy of the Code of Conduct Agreement is included in Appendix B.

Plans are required to report to the MRMIB all grievances filed against plan certified staff.

### **III. Prohibited Activities**

Plans are prohibited from conducting door to door marketing or solicitation via mail, telephone or in person or sponsoring a family by paying the HFP monthly premium or co-payments. Health plan representatives may not offer applicants any incentives, such as gifts or monetary payments, to apply for HFP or Medi-Cal. In addition plans are:

- ❖ Not eligible to receive the \$50 initial application or \$25 AER application payment; and
- ❖ Representatives are prohibited from selecting or influencing the selection of plan or healthcare provider for an applicant.

### **IV. Summary of Application Assistance**

#### **Health Plans Providing Application Assistance**

Participating health plans that have received approval from the MRMIB to provide application assistance have indicated that they will conduct some or all of the approved marketing activities outlined in the HFP Participating Plan Marketing Guidelines. The activities include:

- ❖ Participation in health seminars
- ❖ Participation in health fairs
- ❖ Contributing to event-sponsored raffles or drawings at health fairs or similar events with a prize cap limit of \$250 per prize, as long as participation in the raffle/drawing is not contingent upon filling out an application
- ❖ Participation in community outreach programs
- ❖ Provider newsletters
- ❖ Multi-media advertisements
- ❖ Sponsorship of non-exclusive community events
- ❖ Billboard advertisements
- ❖ Participation in community/public awareness events
- ❖ Radio, television and print advertisements

In addition to these activities, MRMIB provides each HFP participating health plan with a list of families who will be going through Annual Eligibility Review (AER) 60 days prior to the AER due date. The health plan is allowed to contact the family and assist them in filling out the AER forms.

- Health Plans that have received approval from the MRMIB to provide application assistance include:

<b>Approved Health Plans</b>	<b>Staff Attending Certification Training</b>	<b>Current Certified Staff</b>
Alameda Alliance for Health	22	18
Blue Cross	73	67
Blue Shield	5	4
CalOPTIMA	4	2
Community Health Group	18	12
Contra Costa Health Plan	20	16
Health Net	88	42
Health Plan of San Joaquin	17	15
Inland Empire Health Plan	31	29
Kern Family Health Systems	8	8
L.A. Care Health Plan	57	51
Molina	64	55
San Francisco Health Plan	24	19
Santa Clara Family Health Plan	5	7
Universal Care	33	22

- Health Plans pending approval (as of March 2002) from the MRMIB to provide application assistance include:

<b>Health Plans Pending Approval</b>
Community Health Plan (56 staff trained)
Santa Barbara Regional Health Authority (8 staff trained)
Ventura County Health Care (6 staff trained)

Pending approval indicates that the plan's proposed activities are under review by MRMIB. In these three instances, MRMIB has requested additional information from the plan.

- Plans not participating as application assistants (as of March 2002) include:

<b>Plans Not Participating</b>
Access Dental *
Care 1 <sup>st</sup> Health Plan
Central Coast Alliance for Health
Delta Dental *
DentiCare *
Health Plan of San Mateo
Kaiser Permanente
Premier Access *
Sharp Health Plan
UHP Health Care
Universal Care Dental *
VSP *

\* Indicates that the plan had the option of participating effective August 10, 2001.

## Outcomes

All HFP/MCF mail-in applications are sent to Single Point of Entry (SPE). The following summarizes the total number of applications sent to SPE from January 2001 – December 2001 by participating plans.

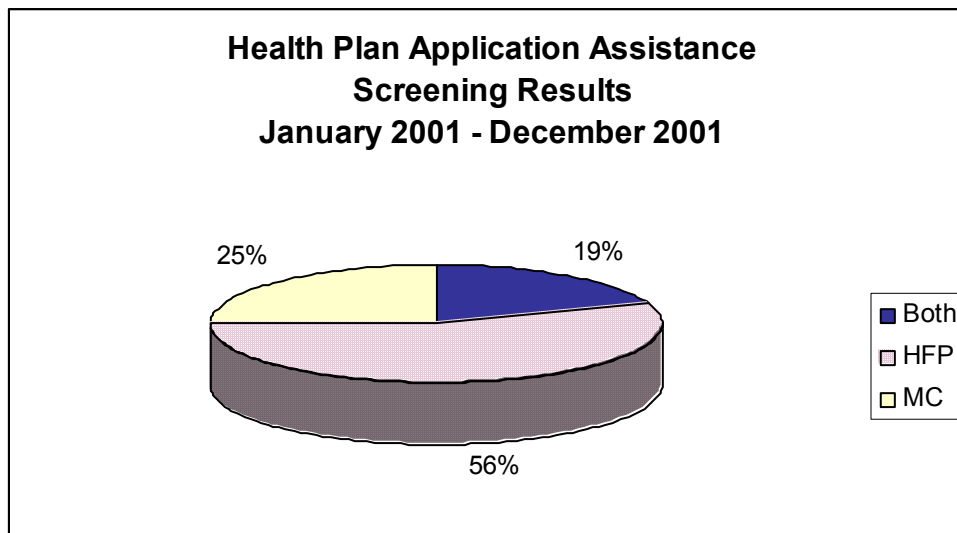
<b>Health Plan</b>	<b>Applications Submitted to SPE</b>
Alameda Alliance	123
Blue Cross	8
Blue Shield	2
CalOptima	175
Community Health Group	565
Contra Costa Health Plan	7
Health Net	5
Health Plan of San Joaquin	1
Inland Empire Health Plan	4220
Kern Health System	34
L.A. Care Health Plan	2
San Francisco Health Plan	32
Santa Clara Family Health	2
Universal Care	892
<b>Total</b>	<b>6068</b>



## Screening and Enrollment

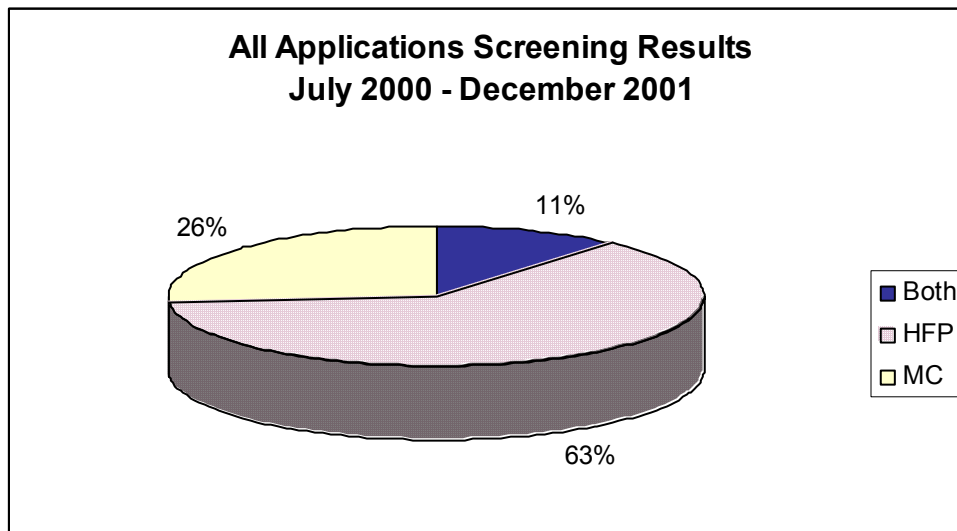
At SPE the application is screened to either HFP or to the county of residence for a final eligibility determination. In some cases the application contains children eligible for HFP and MC due to the programs' age and income requirements. These cases are categorized as being screened to both HFP and MC.

Graph #1 Health Plan Application Assistance Screening Results



- Health Plans are assisting families who predominately are screened to HFP.

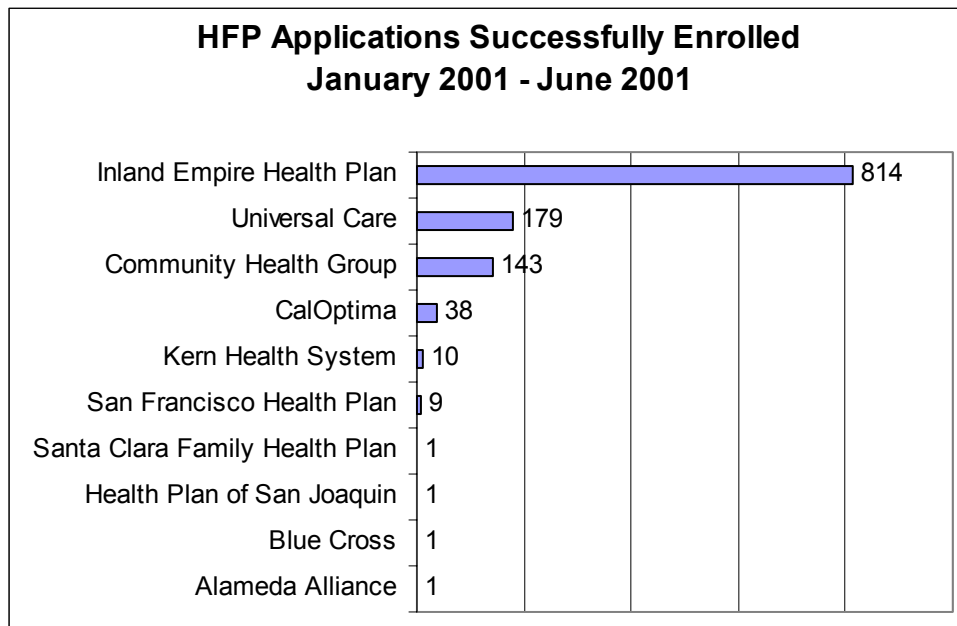
Graph #2 All Applications with and without Application Assistance



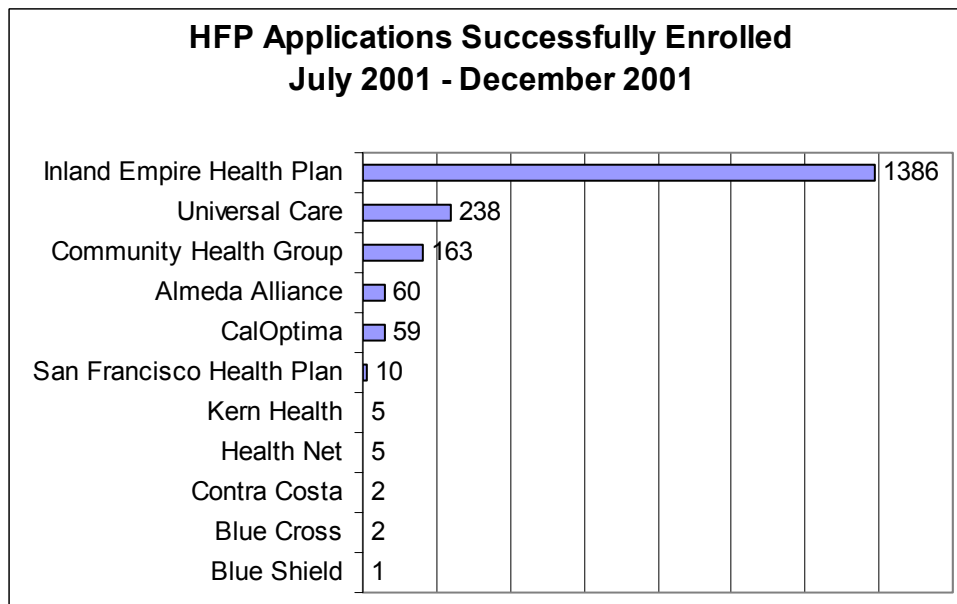
- When compared to all applications received at the SPE, it appears that Health Plans are assisting a greater percentage of families with children who are eligible for HFP and Medi-Cal.

Graph #3 & 4 HFP Successfully Enrolled Application by Participating Health Plans

Graph #3



Graph #4



- Over 90% of all HFP application assistance by Health Plans is a result of the application assistance efforts of Inland Empire Health Plan, Universal Care and Community Health Group.

## **V. Monitoring and Evaluation**

### **➤ Applications Are Tracked Using a Unique ID code**

After submitting an approved marketing plan and having staff trained, a Health Plan is assigned a unique Enrollment Entity (EE) Number.

### **➤ Reports**

The number of applications received at the SPE that receive application assistance is reported monthly on the MRMIB website (SPE report #4). This report is being modified to distinguish the three types of enrollment entities that provide assistance – fee-based, outreach contractor, and plans.

### **➤ Survey**

During the HFP welcome call a family is asked:

- 1) Did someone assist you in completing the application? If yes, were you assisted by a health plan representative?
- 2) Were you told of the various choices of health and dental plans? If no, what is the name of the entity that assisted you?
- 3) Were you charged for the application assistance by the entity? If yes, what is the name of the entity that assisted you?

Welcome call results from January 2001 through February 2002 were identified by applications assisted by health plans. Of those assisted by health plans surveyed during the welcome call, 92% indicated that they had been advised of all the choices of plans available to them. A review of the survey results of all applicants who received assistance indicates that the response to this question is usually between 94% - 96%. Of those assisted by health plans surveyed, 99.9% indicated that application assistance had been provided at no-cost.

### **➤MRMIB Monitoring**

MRMIB is committed to ensuring that plan's provide application assistance in accordance with the code of conduct including:

- 1) Conducting preliminary reviews of allegations of questionable application assistance. To date MRMIB has received no allegations of misconduct with regard to application assistance provided by plans.
- 2) Referring participating plans to the Department of Managed Health Care or the Department of Health Services for review or investigation of their application assistance practices. To date, MRMIB has not had to make any referrals due to inappropriate practices.
- 3) In fall 2002, MRMIB will institute on-site visits to participating plans to review their application assistance tracking system, contact logs, and signed application assistance request form.
- 4) MRMIB will periodically survey new subscribers assisted by participating plans to evaluate application assistance practices through welcome call surveys. Responses which indicate that the various choices of health and

dental plans were not made available or those responses which indicate that a fee was charged for the application assistance are tracked, reviewed and evaluated.

➤ Health Plan Transfer Activity in First 90 days of Enrollment

Inappropriate assistance practices (i.e., a plan selecting for the families their own plan over others) can be identified by reviewing plan transfer activities. A family has the opportunity to change health plans during the first 3 months after enrollment. A review of transfer requests by families who received application assistance by health plan showed that no family requested a transfer during the first 3 months of enrollment.

The welcome letter sent to all newly enrolled families informs them that they have the option of requesting a transfer to another health, dental or vision plan.

## **Appendix A**

### **Application Assistance Request for the Healthy Families/ Medi-Cal for Children Programs**

My name is: \_\_\_\_\_ (Certified Staff Name/Number should be here)

I am an employee of: \_\_\_\_\_ (Plan name should be pre-printed on form)

I have assisted you to fill out the Healthy Families/Medi-Cal for Children Application.

As an applicant to the Healthy Families /Medi-Cal for Children programs:

1. **You saw my photo identification badge identifying my name and plan.** I have shown you this ID badge.
2. **You have the right to select your child's health and dental plan.** You have the right to understand the health and dental plan choices available to your child in the county where you live. I have given you unbiased, neutral information to help you choose a plan and named all of the health and dental plan choices available in the county where you live. I have not steered you to any particular plan and you have the right to select any plan available.

In the Healthy Families Program (HFP), health and dental plan choices must be made before the child is enrolled. I have given you a current HFP Handbook to keep, if you are applying for the HFP. In Medi-Cal for Children most children have a choice of health plans. The choice of plans is made after the child is determined to be eligible for Medi-Cal.

3. **You have been assisted with your application FREE of CHARGE.** I have not charged you a fee for application assistance. (If you apply for the HFP an initial premium payment must be enclosed.) I have told you that assistance with your application is also available by calling the Healthy Families Program toll free at **1-800-880-5305**.

To be sure your applicant rights are protected, **I am prohibited** from doing any of the following:

- I **may not** offer you a gift or any monetary payment to apply for the programs or to influence your decision of which health and dental plans to select for your child before, during or after the application assistance session.
- I (and the plan I work for) **may not** offer to pay your child's monthly premiums, if your child is applying for the Healthy Families Program.
- I (and the plan I work for) **may not** call or come door to door to ask you to request application assistance from the plan.

By signing below, you are certifying that you have read and understand the information on this form. You also are certifying that you requested application assistance from the above named plan.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Certified Staff Signature: \_\_\_\_\_

Plan Log Number: \_\_\_\_\_

## **Appendix B**

# Healthy Families & Medi-Cal for Children Programs (HFP/MCC) Plan's Certified Staff Code of Conduct Agreement

### **The Plan and Certified Staff agree that they will:**

- Act in a professional and courteous manner as a representative of a plan that participates in a State-sponsored health program.
- Wear a badge that identifies the Plan name and plan number and Certified Staff name and number. The badge can NOT identify the Certified Staff as an employee of the State of California or of the Healthy Families or Medi-Cal for Children Programs.
- Provide an open invitation to all participating plans in a county 2 weeks prior to any community events at which application assistance will be provided.
- Comply with MRMIB and Department of Health Services fraud prevention policies and safeguards against fraudulent actions.
- Report all violations of application assistance rules and code of conduct to MRMIB.
- Ensure Section 9 of the application is complete: family signature and date, Certified Staff signature and date, Plan number (5 digits) and Certified Staff number (9 digits ending with "H"). Section 9 MUST be completed correctly, using an ink pen or typewriter, and must contain original signatures.
- Act in an independent capacity and not as officers or employees or agents of the State of California in the performance of this Agreement.
- Never accept money or premium payments from applicants,
- Never mail the application for the applicant,
- Never coach the applicant on what information to include on the application regarding income, residency, alienage and other eligibility rules,
- Never steer Medi-Cal eligible applicants to Healthy Families Program by improperly including or excluding income deductions.
- Not divulge to any unauthorized person, any information obtained while assisting individuals with the applications,
- Never coach or recommend one plan/provider over another,
- Never invite or influence an employee or his or her dependents to separate from employer-based group health coverage, or arrange for this to occur.
- Not conduct door-to-door marketing, or conduct mail, telephone or in-person solicitations.
- Not receive or request an application assistance fee from the State of California for assisting HFP/MCC applicants.
- Never refer an applicant who requests assistance from your plan to an Enrolling Entity that is eligible for reimbursement unless the plan does not have the capacity to provide application assistance to the requesting applicant.
- Not sponsor a person eligible for the programs by paying family contribution amounts or copayments.
- Not use another person or surrogate to recruit potential applicants.

## **Appendix B**

### **TERMINATION AND CANCELLATION**

The Managed Risk Medical Insurance Board, the Department of Health Services, and Richard Heath and Associates (RHA) are not liable to any person for any harm resulting from the actions of the undersigned individual or plan, or of anyone else acting on behalf of the plan. The State or RHA may terminate your participation in the program without cause immediately by a written notice thereof. A Certified Staff Number is not transferable under any circumstances.

As Plan Management and Plan Certified Staff, we acknowledge that we have received, read and agreed to comply and abide by the application assistance rules and code of conduct agreement. We also understand that we can lose the privilege of providing application assistance, both individually and organizationally, for violating the law concerning application assistance.

Also, agreed to provide MRMIB a monthly listing of the active Certified Staff's in the Plan by the 10<sup>th</sup> of each month.

Certified Staff Name: \_\_\_\_\_ Certified Staff #: \_\_\_\_\_

Certified Staff Signature: \_\_\_\_\_

Plan Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Plan Mgmt Name: \_\_\_\_\_ Title: \_\_\_\_\_

Plan Mgmt Signature: \_\_\_\_\_

DATE: \_\_\_\_\_